

Temporary Service Site Request: Submission Template

A health center may use this OPTIONAL submission template to support contacting HRSA about a temporary service site request. However, the use of this template is not required.

HRSA cannot approve the addition of a temporary service site without this required information. If the information submitted is insufficient, HRSA may request additional information.

DIRECTIONS: Enter information in the textboxes as instructed, save the completed template, and then email the template to your health center's Project Officer. Send this information as soon as possible and no later than 15 calendar days after initiating emergency response activities at the location. HRSA will determine on a case-by-case basis whether extraordinary circumstances justify an exception to the 15-day requirement.

For additional details on when and how to submit a temporary service site request, refer to [PAL 2020-05: Requesting a Change in Scope to Add Temporary Service Sites in Response to Emergency Events](#).

1. Health center name and Award /Look-Alike number:

2. The name of a health center representative (i.e., health center point of contact regarding the emergency temporary service site request) and this person's contact information (including phone number):

3. A brief description of the declared emergency, including whether a state of emergency has been officially declared by an authorized public official such as a governor, the Secretary of the United States (U.S.) Department of Health and Human Services, or the President of the U.S., or if there has been an official warning issued regarding an anticipated emergency event by an authorized public official:

4. A brief description of planned emergency response activities at the proposed temporary service site (this should be no more than one to two sentences):

5. A summary of the requested change in scope of project, including:
 - Temporary Address Information:
 - Site Name:

 - Site Address (including zip code and office/suite/floor number if applicable):

 - The date emergency response activities at the site were or will be initiated (“effective date” if the proposed site is approved by HRSA):

 - Any other summary information for the requested change in scope of project:
6. Explanation and/or assurance that all criteria for adding a temporary service site will be met (i.e., the service site definition criteria in [PIN 2008-01: Defining Scope of Project and Policy for Requesting Changes](#) and the temporary site criteria outlined in the Self-Assessment Checklist in [PAL 2020-05: Requesting a Change in Scope to Add Temporary Service Sites in Response to Emergency Events](#)):